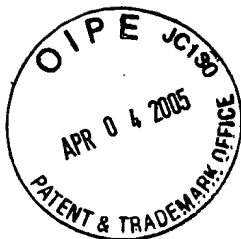


Patent



Docket No. 977-010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Meehan
Serial No. : 09/877,311
Filed: : June 8, 2001
For : **DUAL BLIND ERROR ANTENNA DIVERSITY (DEAD)....**

CERTIFICATE OF MAILING

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Respectfully submitted,
SOFER & HAROUN, L.L.P.

By: *Sandra Cirillo*

Sandria Cirillo

Date: 3/21/05

Mailing Address:
SOFER & HAROUN, LLP
317 Madison Avenue, Suite 910
New York, New York 10017
Tel:(212)697-2800;fax (212)697-3004

PATENT



BEST AVAILABLE COPY

Docket No. 979-010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Joseph Meehan
Serial No. : 09/877,311
Filed : June 8, 2001
For : DUAL BLIND ERROR ANTENNA DIVERSITY (DEAD)....

Group Art Unit: 2883
Examiner: Kaveh Kianni

AMENDMENT FEE TRANSMITTAL

Mail Stop Non-Fee Amendment

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	19	-	20	=0	x 9	\$ <u>00</u>
Independent Claims	4	-	4	=0	x 42	\$ <u>0</u>
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ <u> </u>
	Total:					\$ <u>.00</u>

☐ Verified Statement of "Small Entity" Status Under 37 CFR § 1.27
filed . Reduced Fees Under 37 CFR § 1.9(f)
(50% of total) paid herewith.

\$

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

BEST AVAILABLE COPY

- ☐ Charge \$.00 fee to Deposit Account No. 19-2825 . Order No. ____
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 19-2825. Order No. 977-010.
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☐ ____ Page(s) of substitute Sequence Listing
- ☐ ____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$.00 to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: 3-31-05

By: _____

Joseph Sofer

Registration No. 34,438

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